

04-30-04 2821  
EXPRESS MAIL NO: EV449557475US**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	10/057,003
Filing Date	January 24, 2002
First Named Inventor	Flavia Borella
Art Unit	2821
Examiner Name	Minh D. A
Attorney Docket No.	853063.499

**ENCLOSURES (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> CD(s), Number of CD(s) _____                                      |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Request for Corrected Filing Receipt                            | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Amendment/Response                          | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
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| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
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| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Declaration   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449        | <input type="checkbox"/> Statement under 37 CFR 3.73(b)                                  | <input checked="" type="checkbox"/> Return Receipt Postcard                                |
| <input type="checkbox"/> Cited References                                       | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Additional Enclosure(s) (please identify below):                  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> Request for Refund  | _____  |
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Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Harold H. Bennett II Reg. No. 52,404	Customer Number <b>00500</b>
Signature		
Date	April 29, 2004	

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